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Attorney Docket No.: 6248.200-US

PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Andersen et al.

Serial No.: 10/068,224

Group Art Unit: 3728

Filed: February 5, 2002

Examiner: Jimmy G. Foster

For: Composition for IVF

CERTIFICATE OF FACSIMILE TRANSMISSION  
703-872-9306

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA 22313-1450

Sir:

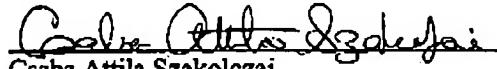
I hereby certify that the attached correspondence comprising:

1. Petition for Revival of an Application for Patent Abandoned Unintentionally Under 37 CFR 1.137(b) (2 pages)
2. Petition for Revival of Application Fee Transmittal (in duplicate)
3. Amendment After Final Office Action (5 pages)

was sent to the United States Patent and Trademark Office by telefax to the attention of Examiner Jimmy G. Foster, fax number (703) 872-9306.

Respectfully submitted,

Date: December 21, 2004

  
Csaba Attila Szakolczai  
Novo Nordisk® Inc.  
100 College Road West  
Princeton, NJ 08540  
(609) 987-5800

PTO/SB/17 (12-04v2)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$)  
1,500.00

### Complete if Known

Application Number	10/068,224
Filing Date	February 5, 2002
First Named Inventor	Andersen, Tina M.
Examiner Name	Foster, Jimmy G.
Art Unit	3728
Attorney Docket No.	6248.200-US

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 14-1447 Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

##### Small Entity

Fee (\$)

Fee (\$)

Each independent claim over 3 (including Reissues)

50

25

Multiple dependent claims

200

100

**Total Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims** **Fee (\$)** **Fee Paid (\$)**

- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Petition For Revival of Application

**Fee Paid (\$)**

1,500.00

### SUBMITTED BY

Signature	/Len S. Smith/	Registration No. (Attorney/Agent) 43,139	Telephone 609-919-7760
Name (Print/Type)	Len S. Smith, Registration No., 43,139		Date December 21, 2004

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is in the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

PTO/SB/17 (12-04v2)

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Examiner Name	Foster, Jimmy G.
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	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
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Design	200	100	100	50	130	65	_____
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##### Fee Description

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Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	
				Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=	=	50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180

\* 3 or HP =  x  =  HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

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Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof  Fee (\$)

- 100 =  / 50 =  (round up to a whole number) x  =

Fee Paid (\$)

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### SUBMITTED BY

Signature	/Len S. Smith/	Registration No. (Attorney/Agent)	43,139	Telephone 609-919-7760
Name (Print/Type)	Len S. Smith, Registration No., 43,139			Date December 21, 2004

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**Please use the following customer number for all correspondence regarding this application.**

**\*23650\***

**PATENT TRADEMARK OFFICE**

Attorney Docket No.: 6248.200-US

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

**In re Application of: Andersen**

**Application No.: 10/068,224**

**Group Art Unit: 3728**

**Filed: February 5, 2002**

**Examiner: FOSTER, J.**

**For: COMPOSITIONS FOR IVF**

**AMENDMENT AFTER FINAL**

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**DEC 21 2004**

Dear Sir:

In response to the Office Action dated February 18, 2004, please amend the above-captioned application and consider the provided remarks as follows:

**Amendments to the Claims** are reflected in the **Listing of Claims**, which begins on page 2 of this paper.

**Remarks** concerning the Office Action and the claim amendments begin on page 5 of this paper.